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ABSTRACT

The Title III program of the Elementary and Secondary Education Act, called PACE (Projects to Advance Creativity in Education), allots 15% of the funds allocated to projects dealing with the special educational needs of handicapped children. Presented are some effects of the services supported by Title III funds which assist local districts in supplementing basic programs and beginning new instructional techniques. Various Illinois Title III, ESEA, special education projects are briefly described. (KW)

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# Influence of Title III, ESEA Upon Special Education Programs In Illinois

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The Title III program of the Elementary and Secondary Education Act, called PACE (Projects to Advance Creativity in Education), was designed to encourage school districts to develop innovative solutions to critical educational problems; to more effectively utilize research findings; and to supplement existing programs and facilities. Title III, ESEA, requires that at least fifteen percent of the funds allocated must be utilized for projects dealing with the special educational needs of handicapped children.

The funds are not used to provide basic special education programs. Rather, the personnel and services supported by Title III funds are designed to assist local districts in supplementing basic programs and to initiate new instructional approaches. It is the effect of these services to which this article attempts to relate.

In 1965 when the Elementary and Secondary Education Act was approved by Congress, special education services were sparse and slight in many areas in Illinois. By 1969, when Illinois' House Bill 1407 became mandatory, most schools were either then providing, or were ready to begin providing, programs for handicapped children. In many instances, Title III, ESEA, projects were the catalyst in the development of these programs.

The projects' influence has been most visible in three areas: (a) development of innovations in curriculum and teaching techniques, (b) demonstration of exemplary special education programs which serve as models, and (c) initiation of organizational structures which have become the nucleus of special education cooperatives which will provide programs to meet critical needs of the handicapped.

Almost all of Illinois Title III, ESEA, special education prcjects involved changing teaching techniques. They emphasized training teachers to accept as a priority the need to perceive and understand how children learn. Subsequently, they demonstrated how to develop materials and organize experiences which provide appropriate avenues to fit the child's style of learning. One project (Geneva) refined this process to a one-to-one, teacher (or tutor)-child, basis for testing of the appropriateness of the remediation program. A suburban project (Arlington Heights) directed a year of its effort into testing a program which attempted to alleviate severe learning problems by instituting therapy to change the intrapsychic equilibrium of the learner, as well as providing academic instructional assistance. This program offered therapy to the child, parent, and teacher in an effort to facilitate change in the learner. One aspect of the program was the development of therapy groups. One for young

teenage girls, who felt inadequate and were depressed or withdrawn, was focused on discussion of grooming, fashions, dating, and the more basic interpersonal problems of adolescents. A boys' activity group was designed to stimulate social interaction among passive, withdrawn, and inhibited children and to develop internal control in group situations in aggressive, acting-out, hostile children. Techniques varied from sedentary (handicraft or model building) to physical activities (ball games, boxing, competitive sports). Eighty-five percent of the clients treated in this program reportedly showed positive increase in achievement. Those clients whose parents and teachers were also involved in the program showed the most consistent increase in achievement. Both parents and teachers indicated that the children improved socially and emotionally.

In a project (Lyons) designed to diagnose and treat hearing handicapped children of preschool age, a home visitor team of an infant educator and a social worker and a diagnostic team of an audiologist and a psychologist helped to establish communication between mother and child, provide supportive counseling, and provide a diagnostic service to solve learning problems of the hearing handicapped school population of other ages. They have found that the home and family can add meaningful experiences which extend the opportunities for learning. In order to

accomplish this, home members need training, materials, guidance, and encouragement. These programs which expand the learning environment into the home may be extremely significant in future developments in special education.

Many projects developed or tested new curricular materials. One project (Park Ridge) compiled an extensive file of modalities training activities which the staff implemented and demonstrated. The activities were designed to assist children in developing learning skills. Such activities are of tremendous value to a teacher of children with learning disabilities, but they are also adaptable to many ages of normal children in development of learning skills. This same project staff developed a plan for teachers' training which incorporates lecture-type instruction, observation, consultant demonstrations by learning specialists (with use of children from inservice teachers' classroom for demonstration) and inservice teacher practicum with own children, video taping, and simulation activities. Involved in the inservice training were medical specialists including psychiatrists, optometrists, language or speech pathologist, physical therapist, and neurologists. The staff discovered an overwhelming, eager enthusiasm on the part of the medical professions to communicate with educators about special needs of the handicapped. This involvement of the medical

profession may also prove to be new territory for enhancement of special education programs.

A project (Marion) designed to establish a countywide special education program and psychological clinic for diagnosis and therapy to serve as a model in the geographical area emphasized three aspects: (a) special classes for handicapped children, (b) referral community services through innovative organization, and (c) a close relationship between the diagnostic and therapeutic clinic and the schools. As the Title III, ESEA, funding decelerates, the community and school personnel are encouraging local funding to maintain a level which would support, not only the mandatory special education classes, but all aspects of the exemplary clinic as well. Once having had the opportunity to view and experience the value of such services--due to the provision of Title III funding--the area was unwilling to readjust to a lesser level of provision. The personnel of this project have provided leadership in convincing their administrative district to initiate and administer a Title VI, ESEA, program, which screens and identifies youngsters from 3 to 5 for low-incidence handicaps - blind, partially-sighted, deaf, hard of hearing, and physically handicapped. Subsequently, they have initiated a class for preschool deaf, funded locally, which is the first such provision in southern Illinois.

Several Title III, ESEA, special education projects throughout Illinois have provided the framework for special education cooperatives. In at least two instances in southern Illinois, multipurpose, Title III, ESEA, projects have initiated such developments.

A one-county multipurpose project (Murphysboro), with a heavy emphasis on special education - diagnosis and remediation - found that, as well as the county it served, its two neighboring counties were looking to it for leadership. Now, after completion of Title III, ESEA, funding, it is emerging as the nucleus for a three-county special education cooperative. This project's initiation of itinerant teachers for learning disabilities and speech therapy in this sparsely populated rural area was observed as a significant solution to critical needs of that region.

In a more inadvertent way another multipurpose project stimulated a special education cooperative. A psychologist, after spending one year in this project (Metropolis), recognized the need for more extensive special education services than could be provided within the limitations of the project. She stepped out and initiated a four-county special education cooperative which screened and diagnosed students and initiated the first special education classes in that region of southern Illinois, two years ahead of the mandatory requirement.

The above described activities illustrate some of the

instances in which Title III, ESEA, projects in Illinois have contributed to solving the critical need to provide special education for the handicapped. The projects have demonstrated innovative and exemplary means of meeting this need. As legislation is making special education mandatory, schools and communities are now recognizing the contributions of these Title III, ESEA, projects and are acknowledging their role of leadership in providing solutions to critical problems in education in Illinois.